

Washington State

Department of Social and Health Services

Health & Recovery Services Administration



**Patient Review and Coordination Program
Guide**

September 2008

Version 3.0

Document Change Control Table

Author of Change	Page	Change	Reason	Date
HRSA/DHS/OQCM	All	Version 1	Creation of document	01/25/2008
HRSA/DHS/OQCM	2 & 3	Version 2	1) Clarify PRC placement for members enrolled in a voluntary health plan and members in an address confidentiality program. 2) Added effective date of amended PRC WAC.	02/28/2008
HRSA/DHS/OQCM	2, 4, 5, 7, & 8	Version 3	1) Addition of appeal denial and appeal approval letters 2) Clarify plan restriction for Native American and Basic Health Plus members 3) Development of timeline for appeals and hearings	09/02/2008

INTRODUCTION

This guide describes the requirements for Managed Care Organizations (MCOs) to develop and manage a Patient Review and Coordination (PRC) Program. The PRC Program is a health and safety program designed to help medical assistance clients use health care services appropriately through coordinated health care. When DSHS clients are enrolled in PRC, clients are assigned to one primary care provider (PCP), one pharmacy, one controlled substances prescriber, one hospital for non-emergent care, and/or other providers such as a mental health professional, or any combination of providers to facilitate the health care of the individual.

Washington Administrative Code (WAC) 388-501-0135 authorizes contracted MCOs to review and enroll DSHS clients in a PRC Program.

COMPLIANCE

MCOs must develop policies and procedures and ensure compliance with WAC 388-501-0135. DSHS/HRSA staff is available to provide technical assistance for developing and implementing MCO policies and procedures.

MCO policies and procedures should minimally include the following information:

- How enrollees are identified for the PRC Program,
- Process for placing enrollees in the PRC Program, including a review of medical necessity,
- The process for sending notices to enrollees,
- Coordination of PRC enrollment information with DSHS/HRSA and other MCOs,
- Notification and coordination with health care providers, and
- The appeals and hearings process and coordination with DSHS/HRSA.

Letters

MCOs must develop enrollee notification letters. Refer to WAC 388-501-0135 in the development of letters. All enrollee letters need to be approved by DSHS/HRSA. At a minimum, the following letters are required for enrollees considered for placement in the PRC Program.

1. Letter of concern that includes:
 - a. General information about the program and
 - b. Reason for concern related to enrollee's use of medical services.

2. PRC placement letter that includes:
 - a. Reason for PRC placement,
 - b. General information about the PRC Program,
 - c. Length of PRC placement,
 - d. Requirement that enrollees stay with the same MCO for one year, unless they are in a voluntary MCO program or in an address confidentiality program, and
 - e. Appeal and hearing rights.

Note: An enrollee placed in the PRC Program must remain in the program regardless of whether the enrollee changes MCOs or becomes Fee-for-Service (FFS). Family members are excluded from the requirement to stay with the same MCO for a year.

3. Initial provider assignment letter that includes:
 - a. Assigned primary care provider, pharmacy, controlled substances prescriber, hospital, and/or other provider, and
 - b. Enrollees are assigned providers for one year.

Note: Enrollees have 30 days from the start of assignment to change a provider if the enrollee did not choose the provider.

4. Change in provider assignment letter that includes:
 - a. New assigned primary care provider, pharmacy, controlled substances prescriber, hospital, and/or other provider, and
 - b. Effective date of change for each new provider.
5. End of PRC placement letter that includes:
 - a. Reason for removing the enrollee from the PRC Program and
 - b. Effective end date.
6. Continued PRC placement letter that includes:
 - a. Reason for the continued PRC Program placement,
 - b. Length of continued PRC placement, and
 - c. Appeal and hearing rights.
7. New enrollee with MCO, already in PRC letter that includes:
 - a. Welcome new PRC enrollee to the new MCO,
 - b. Remind enrollee of continued placement in the PRC Program, and
 - c. Include current or new assigned primary care provider, pharmacy, controlled substances prescriber, hospital, and/or other provider.
8. Appeal denial - PRC placement letter that includes:
 - a. Denial of appeal request,
 - b. Placement or continued placement in the PRC Program and
 - c. DSHS hearing rights
9. Appeal approval - PRC removal letter that includes:

- a. Removal of enrollee from the PRC Program and enrollment into case management

Enrollee Educational Materials

MCOs shall develop PRC educational materials for enrollees and providers, including primary care provider, pharmacy, controlled substances prescriber, and hospital. All enrollee materials need to be approved by DSHS/HRSA.

Educational materials for PRC enrollees should include the following information:

1. Information about the PRC Program, including:
 - a. Placement with assigned providers,
 - b. Placement period,
 - c. Reference to WAC 388-501-0135,
 - d. Marking of the DSHS Medical ID card, and
 - e. Appeal and hearing rights.
2. The need to obtain referrals from the enrollee's assigned PCP or the enrollee may be held financially responsible to pay for the services.
3. Services that do not require a referral, such as dental, optometry, mental health, drug and alcohol treatment, medical equipment, and family planning. Note for WMIP – some of these services/referrals will not apply to WMIP.
4. Specific educational materials on accessing mental health services and drug and alcohol treatment.
5. Discussion about the appropriate use of the emergency department.
6. MCO contact information, including availability of care coordination services.

Provider Educational Materials

Educational materials for providers should also include the pharmacy benefit manager. MCOs may use provider manuals, provider newsletters, and other materials to educate network providers about the PRC program. At a minimum include:

1. General information about the PRC Program:
 - a. Explanation of what it means when enrollees are placed in the PRC Program,
 - b. Reference to WAC 388-501-0135, and
 - c. Marking of the DSHS medical ID card.
2. Specific information regarding how the provider can find out if an enrollee is in the PRC Program and to which providers the enrollee is assigned (WAMedWeb eligibility verification),

3. The process to follow when referring a PRC enrollee to a specialist,
4. The steps the pharmacy should take if a PRC enrollee shows up at a non-assigned pharmacy, and
5. Information for referring enrollees to PRC.

COORDINATION OF PRC PLACEMENT

Enrollees are required to be placed with the same MCO for one year, starting at the time of PRC placement by an MCO or when the enrollee goes from FFS to an MCO. However, the following enrollees are excluded from the requirement to stay with the same MCO for one year: 1) enrollees in a voluntary enrollment program such as the WA Medicaid Integration Partnership (WMIP); 2) enrollees in the Address Confidentiality Program (ACP), a program designed to protect domestic violence clients; 3) Native American enrollees; and 4) enrollees in the Basic Health Program.

Coordination of enrollee placement is essential for the health and safety of the enrollee. MCOs must:

- Coordinate PRC placement and provider assignment information with DSHS/HRSA,
- Communicate with other MCOs to facilitate coordinated care for PRC enrollees who change MCOs, and
- Coordinate with other private and public health care organizations, including DSHS administrations. MCOs may release information to another covered entity such as providers or hospitals or a business associate of the covered entity acting on behalf of the covered entity if:
 1. A common relationship exists between the individual whose personal health information (PHI) is being disclosed and the Covered Entity and the PHI being disclosed pertains to such a relationship; and
 2. The PHI will be used for the purpose of treatment, payment, and/or health care operations; and
 3. The PHI disclosed is the minimum necessary amount needed to perform the task.

Marking of Medical ID Card

DSHS/HRSA will enter MCO provider assignments in the DSHS Medicaid Management Information System (MMIS). The medical ID card will then be marked with PRC placement so enrollees who leave an MCO, enroll in another MCO, or become FFS will remain in the PRC Program.

Sample DSHS Medical ID Card for a PRC Enrollee

MEDICAL IDENTIFICATION CARD



DSHS CSO Address
Anywhere, WA 91919

F02
Language: Spanish

PATIENT INFORMATION CODE (PIC)				MEDICAL COVERAGE INFORMATION							
Initials	Birth date	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
JQ	010778	PUBLI	A			PLAN		XXXXX			
BG	051505	PUBLI	A			PLAN					
BB	103100	FEATH	B			PCCM					

John Q. Public
123 Main Street
Anytown, WA 98000

Client on review

1-800-999-2121 **PLAN**
023 003455667
L0000999*111234B

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
DSHS 05-025 (Revised 04/2004)

SIGNATURE (Not Valid
Unless Signed)

The MCO may choose to place the enrollee in the PRC program at any time during the month. However, the DSHS system can only mark the medical ID card with PRC placement effective the first of the month. An enrollee's medical ID card is marked for the next prospective enrollment month if the letters are received on the day of the DSHS cut-off date for enrollment or after the cut-off date.

In order for DSHS/HRSA to mark the medical ID card, each MCO is required to mail or fax a copy of their enrollee's PRC letters to DSHS/HRSA at the time of mailing to the enrollee. Other options of reporting PRC placement can be discussed with the DSHS/HRSA PRC Program.

The following letters must be faxed or mailed to the DSHS/HRSA PRC Program:

1. PRC placement notice,
2. Provider assignment letter,
3. Change in provider assignment letter,
4. End of PRC placement,
5. Continued PRC placement,
6. Appeal denial letter, and
7. Appeal approval letter.

Note: Enrollee identifying information such as date of birth (DOB) or member ID is not required on enrollee letters, but DSHS/HRSA needs the enrollee's DOB or PIC number to be able to identify the enrollee and mark the medical ID card.

NEW MCO ENROLLEE ALREADY IN PRC

Once an enrollee's assigned providers are entered in MMIS, if an enrollee changes to another MCO, the new MCO will receive new PRC enrollment information in the HD04 segment of the Benefit Enrollment and Maintenance 834 Transaction File. MCOs will need to check this file on a monthly basis to determine if a new PRC enrollee has joined the MCO. After the info code, PRC enrollees have an A indicator (enrollees with Children with Special Health Care Needs [CSHCN] have an S indicator). For example:

*HD*030**HMO*C107024000000E1A05080OLASTNAME, FIRSTNAME*IND~.*

After looking at the Transaction File, MCOs should review WAMedWeb (<https://wamedweb.acs-inc.com/wa/general/home.do>) to determine if the specific assigned providers are network providers. The MCO should send a "New Enrollee/Already in the PRC Program" letter. If assigned providers need to be changed, MCOs must work with the enrollee to make the change.

See the example below for a client in the PRC Program as shown in WAMedWeb.

WAMedWeb Eligibility Inquiry Response

Restricted Client Information: N - Services restricted to the following				
Exception Description	Provider Name	Provider Phone Number	Period Effective Date	Period Expiration Date
	ANYTOWN HOSPITAL	3601000000	11/01/2006	12/31/2099
	ANYTOWN CLINIC	3601111111	11/01/2006	12/31/2099
	ANYTOWN PHYSICIAN	3602221222	11/01/2006	12/31/2099
	ANYTOWN PHARMACY	3603331333	11/01/2006	12/31/2099
Message Text: CLIENT IS RESTRICTED TO CERTAIN PROVIDERS				

APPEALS AND HEARINGS

WAC 388-501-0135 requires enrollees to exhaust the MCO internal appeals process before requesting a hearing.

The entity (DSHS/HRSA or MCO) that reviewed and placed the client or enrollee in the PRC Program by sending a PRC placement notice is responsible for the appeal and/or administrative hearing even if the client or enrollee is no longer with that entity. Placing an enrollee in the PRC Program is an “action,” so the entity responsible for taking the action is also responsible for defending the action.

MCOs must notify DSHS/HRSA of all appeals and hearings requests by providing the following information to the PRC program:

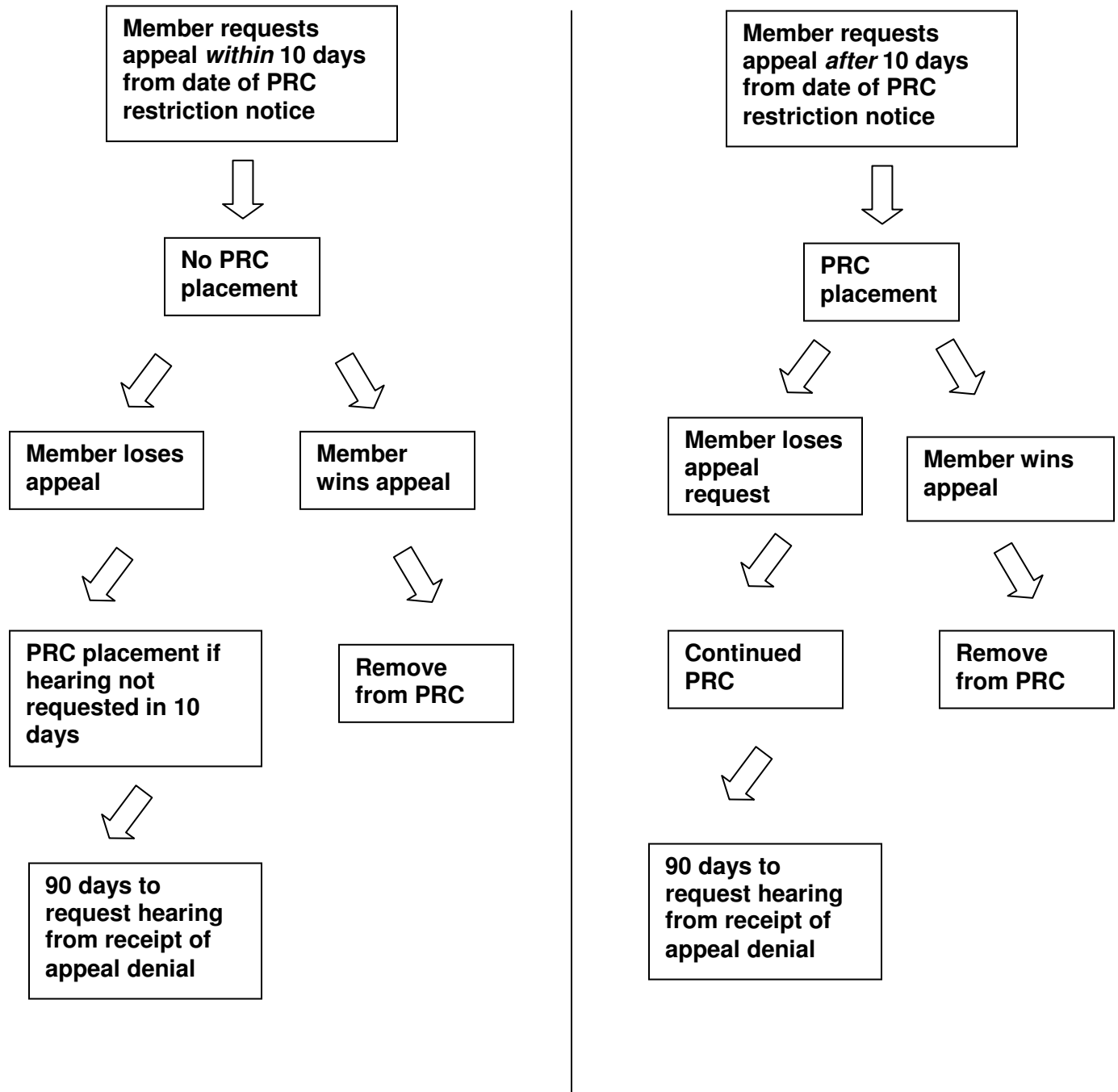
- Client name and DOB,
- Date of hearing request,
- Date of appeal or hearing when known, and
- Outcome of appeal.

The timeline for requesting PRC appeals and DSHS hearings is as follows:

- Enrollees have 90 days from the restriction notice to request an appeal through the MCO.
- If the enrollee requests an appeal within 10 days from the date of the restriction notice, the enrollee is not placed in the PRC Program; if a request is made after 10 days, the enrollee is placed in the program.
- If the enrollee loses the appeal (an appeal request cannot be denied), the enrollee is sent an appeal denial letter. The enrollee is placed in PRC if the enrollee does not request a DSHS hearing within 10 days from the date of the appeal denial letter.
- The enrollee has 90 days after receiving the appeal denial letter to request a hearing through DSHS.
- If the enrollee wins the appeal, the enrollee is sent an approval letter. The enrollee is removed from the PRC Program and may be placed in case management.

Appeals and Hearing Flow Chart for MCO PRC Enrollees

Note: MCO enrollees have 90 days from PRC restriction notice to request appeal



DSHS/HRSA PRC CONTACT INFORMATION

Address: HRSA/DSHS PRC Program
PO Box 45532
Olympia, WA 98504-5532

Phone: 360-725-1780

Fax: 360-725-1969

Email: prr@dshs.wa.gov

Website: <http://maa.dshs.wa.gov/prr>